

How to dismiss your attorney

Complete this form if you no longer want to be represented by your attorney.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

If your attorney has taken your claim to the Workers' Compensation Appeals Board (WCAB), **mail or deliver** the original form to the WCAB local office where your case is filed. If no case has been filed, keep the original form for your records.

Send a copy to the attorney you are dismissing and to the insurance company. Mail a copy of this form to all other parties involved in your case.

Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Street, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91768-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA MONICA, 90405-5219

2701 Ocean Park Blvd., Suite 220
Information & Assistance Unit **(310) 452-1188**

SANTA ROSA, 95404-4760

50 "D" Street, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

your name

) Case No. *your WCAB case number*

)

)

) Applicant,

)

vs.

*your employer and
insurance company*

)

)

)

)

) Defendants

**Notice of
Dismissal of Attorney**

I, *your name*, applicant in the above-entitled case, have heretofore been represented by *name of your attorney* as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice
were mailed to the following:

(1) your attorney

(2) insurance company

(3) WCAB

(4) other parties

on *date mailed*

(Date)

your signature

(Applicant)

your address

(Address)

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

) *Case No.*

)

)

) *Applicant,*

)

vs.

)

)

)

)

) *Defendants'*

**Notice of
Dismissal of Attorney**

I, _____, applicant in the above-entitled case, have heretofore been represented by _____ as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice
were mailed to the following:

on _____

(Date)

(Applicant)

(Address)